

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

C. HOLMES, MD.

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

ANNE MILGRAM, ADMINISTRATOR  
OF THE U.S. DRUG ENFORCEMENT  
ADMINISTRATION (DEA)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. 2:22-cv-3758-BHH-MHC

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No  
(check one)

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**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>C. HOLMES, MD</u>
Street Address	<u>PO BOX 187</u>
City and County	<u>SULLIVANS TWP., CHAS. CTY.</u>
State and Zip Code	<u>S.C. 29482-0187</u>
Telephone Number	<u>843.883.3010</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>ANNE MILGRAM</u>
Job or Title (if known)	<u>ADMINISTRATOR OF DEA</u>
Street Address	<u>8701 MORRISSETTE DR.</u>
City and County	<u>SPRINGFIELD</u>
State and Zip Code	<u>VA. 22152</u>
Telephone Number	<u>202.307.7596</u>

**Defendant No. 2**

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____

**Defendant No. 3**

Name	_____
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## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Jurisdiction is based on the Constitution including generally and privacy rights therein, equal protection and Amendments I through 10. Claims include wrongful refusal to accept legal tender in U.S. Currency, interference with doctor-patient relationships and continuity of care as well as violation of the ACA, HIPAA, and PHI (privileged healthcare information) confidentiality laws, deprivation of privacy rights and other substantial individual and property rights and unreasonable interference with one's ability to practice one's profession.

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Specifically, plaintiff timely submitted renewal application for DEA license in the usual and customary manner and proffered payment of the renewal fee by legal tender of U.S. currency which was wrongfully refused without just cause. Plaintiff's DEA license is effective through October 31, 2022, and plaintiff requests preservation of the status quo by TRO and PI with renewal of the DEA license. The renewal fee of \$888.00 is placed in escrow with this Honorable Court. Claims include interference with doctor-patient relationships and continuity of care as well as violation of the ACA, HIPAA, and PHI (privileged healthcare information) confidentiality laws, deprivation of privacy rights and other substantial individual and property rights and unreasonable interference with one's ability to practice one's profession.

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

The plaintiff requests this Honorable Court grant the attached Emergency Motion for TRO and PI to preserve the status quo with acceptance of the Escrow amount of \$888.00 for renewal of the DEA license and requests actual damages, special damages, exemplary, and/or punitive damages as determined by the trier of fact according to law as well as attorneys fees and costs and such other and further relief as may be just and proper.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/31, 2022

Signature of Plaintiff

Printed Name of Plaintiff

C. Holmes, MD

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address